

## Patient Centered Care Assignment

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Mrs. H is a friendly, talkative, 81-year-old woman who lives alone after her husband recently passed away. She was diagnosed with high blood pressure and high cholesterol in the early 2000's. A few years later, she started to experience gastrointestinal reflux. Throughout her life she has also experienced recurrent urinary tract infections. She feels her medical conditions do not affect her much, and as long as she takes her pills, she feels good.

Mrs. H leads a reasonably healthy lifestyle, although she admitted she does not drink quite enough water and could do more exercise than her weekly stretch class. She has near perfect adherence to all her medication (except for her atorvastatin). While she could not name her medicines, she understood why she was taking most of them. Mrs. H has a great relationship with her Doctor, the nurses and the pharmacy. She says her pills seem to be working, so she has never had any reason to doubt her health professionals or stop taking her medicines.

Medication chart:

Medicine	Dose
Cilazapril/hydrochlorothiazide 5mg/12.5mg	One tablet once daily in the morning
Felodipine 5mg	One tablet once daily in the morning
Atorvastatin 20mg	One tablet once daily at night
Omeprazole 40mg	One capsule once daily before breakfast
Colecalciferol 1.25mg	One capsule on the first of every month
Ovestin 0.1% vaginal cream	Twice weekly at night
Magnesium 400mg	One capsule once daily
Nitrofurantoin 50mg (PRN)	One tablet four times a day for 5 days, when required for a urinary tract infection (usually once to twice a year).

Mrs. H has been on omeprazole for reflux for approximately 14 years. She told me she has tried stopping it, but her reflux worsened, which I thought was likely due to rebound acid secretion. Long term use of omeprazole can cause hypomagnesia, and increased risk of bone fractures. As she also takes a diuretic which can lower magnesium levels, she may be at risk of hypomagnesia. I recommended Mrs. H's omeprazole be tapered down slowly to 20mg once daily to see if this adequately controlled her symptoms. If tolerated, it is possible to reduce further to 10mg once daily, and then stop.

Mrs. H takes her atorvastatin in the evening, however she sometimes forgets. I recommended a change to the morning with her other medicines to improve adherence, which we agreed would be easier. As Mrs. H has no fasting lipid profiles available I recommended a test be done to check her cholesterol levels were being adequately controlled.

According to Mrs H's medical records, her creatinine clearance is 59ml/min. Nitrofurantoin is contraindicated in patients with a creatinine clearance below 60ml/min. As her creatinine clearance is just below the threshold, and declines with age, I recommended for future urinary tract infections she is trialed on an alternative antibiotic, such as trimethoprim, amoxicillin/clavulanic acid, or cefaclor.

Mrs. H takes a magnesium supplement with her statin, on the recommendation of a friend despite not understanding why. I researched and found potential side effects of taking a statin are sleep disturbances and muscle cramps. There is evidence to suggest magnesium could help with these. She was grateful for my feedback.

The combination of antihypertensives controls her blood pressure well. Ovestin vaginal cream has greatly reduced the frequency Mrs. H gets urinary tract infections. As Mrs. H spends limited amounts of time out in the sun, colecalciferol is appropriate.

While Mrs. H appeared to have good understanding of a healthy lifestyle, I reiterated the importance of drinking plenty of water, eating healthy, and getting regular exercise. She appreciated the encouragement.

Whilst completing this assignment, it made me realise the need for patient medicine reviews. I am increasingly aware of the fact that just because a patient has been on medication for a long time, it does not mean it is right. There may be more effective or safer treatment options. It also reiterated that just because a medicine is indicated and appropriate when first initiated, patient factors, comorbidities, medications and lab results can change, particularly over a long period of time. Therefore, regular medicines reviews are important.

I learnt the value in being able to access doctor's notes and sitting down to talk to a patient properly. It made it much easier to see the big picture of how a patient's medical conditions, medicines, lifestyle factors, and test results all play a part in treatment, and how important it is to consider them all.